

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Midwest Values PAC

ADDRESS (number and street) ▼

P.O. Box 583232

☐ Check if different than previously reported. (ACC)

Minneapolis

MN

55458

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00416131

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☒ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas Borman

Signature of Treasurer

Thomas Borman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Midwest Values PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 08 | | 01 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 08 | | 31 | | 2014 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | | | | | | |
|--|---|-----------------------------------|---|---|---|------|--|-----------|--|--|--|---|----------|--|--|--|--|
| 6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table> | Y | Y | Y | Y | Y | 2014 | | | | | | <table><tr><td colspan="5">33383.98</td></tr></table> | 33383.98 | | | | |
| Y | Y | Y | Y | Y | | | | | | | | | | | | | |
| 2014 | | | | | | | | | | | | | | | | | |
| 33383.98 | | | | | | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period..... | <table><tr><td colspan="5">13514.17</td></tr></table> | 13514.17 | | | | | | | | | | | | | | | |
| 13514.17 | | | | | | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table><tr><td colspan="5">19304.13</td></tr></table> | 19304.13 | | | | | <table><tr><td colspan="5">148261.57</td></tr></table> | 148261.57 | | | | | | | | | |
| 19304.13 | | | | | | | | | | | | | | | | | |
| 148261.57 | | | | | | | | | | | | | | | | | |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <table><tr><td colspan="5">32818.30</td></tr></table> | 32818.30 | | | | | <table><tr><td colspan="5">181645.55</td></tr></table> | 181645.55 | | | | | | | | | |
| 32818.30 | | | | | | | | | | | | | | | | | |
| 181645.55 | | | | | | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31)..... | <table><tr><td colspan="5">21561.12</td></tr></table> | 21561.12 | | | | | <table><tr><td colspan="5">170388.37</td></tr></table> | 170388.37 | | | | | | | | | |
| 21561.12 | | | | | | | | | | | | | | | | | |
| 170388.37 | | | | | | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table><tr><td colspan="5">11257.18</td></tr></table> | 11257.18 | | | | | <table><tr><td colspan="5">11257.18</td></tr></table> | 11257.18 | | | | | | | | | |
| 11257.18 | | | | | | | | | | | | | | | | | |
| 11257.18 | | | | | | | | | | | | | | | | | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td colspan="5">0.00</td></tr></table> | 0.00 | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <table><tr><td colspan="5">0.00</td></tr></table> | 0.00 | | | | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | | | | | | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Midwest Values PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 01 | | 2014 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 08 | | 31 | | 2014 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5740.00

83190.00

(ii) Unitemized

1264.00

10681.80

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

7004.00

93871.80

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

20000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

12004.00

113871.80

12. Transfers From Affiliated/Other

Party Committees.....

7300.00

32600.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

1789.19

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.13

0.58

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

19304.13

148261.57

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

19304.13

148261.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 6561.12 | 93888.37 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 6561.12 | 93888.37 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 15000.00 | 71500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 5000.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 5000.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 21561.12 | 170388.37 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21561.12 | 170388.37 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 12004.00 | 113871.80 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5000.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12004.00 | 108871.80 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 6561.12 | 93888.37 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 1789.19 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 6561.12 | 92099.18 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. Joanne Chester

Mailing Address 702 W Pennsylvania Ave

City State Zip Code
 Urbana IL 61801

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 08 / 24 / 2014

Transaction ID : C9390706

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ruth E Dick

Mailing Address 3560 Redwood Ave

City State Zip Code
 Los Angeles CA 90066

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
 08 / 01 / 2014

Transaction ID : C9418145

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Fay C Graning

Mailing Address 6100 Westchester Park Drive
 Apt 404

City State Zip Code
 College Park MD 20740

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 08 / 05 / 2014

Transaction ID : C9372934

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. Kim Kieves

Mailing Address 5020 Woodhurst Lane

City State Zip Code
 Minnetonka MN 55345

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 16 / 2014

Transaction ID : C9381679

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Nicholas Lavrov

Mailing Address 910 Cerrito St

City State Zip Code
 Albany CA 94706-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : C9418169

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

C. Catherine M McCartin

Mailing Address 28 Plainfield Ave

City State Zip Code
 Metuchen NJ 08840

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : C9418157

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 17

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. Rosemarie Swanson

Mailing Address 3604 Cavitt Ave

City

Bryan

State

TX

Zip Code

77801

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2014

Transaction ID : C9381997

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

5740.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. New York Life Insurance Political Action Committee

Mailing Address 51 Madison Avenue
Room 1109

City State Zip Code
New York NY 10010

FEC ID number of contributing
federal political committee.

C C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 11 / 2014

Transaction ID : C9376060

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. FRANKEN MVPS

Mailing Address PO BOX 583144

City

MINNEAPOLIS

State

MN

Zip Code

55458

FEC ID number of contributing
federal political committee.

C

C00480814

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

32600.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C9381406

Amount of Each Receipt this Period

7300.00

Full Name (Last, First, Middle Initial)

B. Choctaw Nation of Oklahoma

Mailing Address PO Box 1210

City

Durant

State

OK

Zip Code

74702-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

08 / 12 / 2014

Transaction ID : C9381408

Amount of Each Receipt this Period

2300.00

[MEMO ITEM]

*

Full Name (Last, First, Middle Initial)

C. Mille Lacs Band Ojibwe

Mailing Address 43408 Oodena Dr

City

Onamia

State

MN

Zip Code

56359-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

N/A

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : C9381407

Amount of Each Receipt this Period

5000.00

[MEMO ITEM]

*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7300.00

7300.00

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Midwest Values PAC

A. ADP, Inc.

Mailing Address 504 Clinton Center Dr Ste. 4400

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Clinton | MS | 39056 |

| Purpose of Disbursement | Payroll Service Fees |
|-------------------------|----------------------|
| | |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three digital displays showing the date 08/08/2014 in MM/DD/YYYY format. The first display shows '08' for the month, the second shows '08' for the day, and the third shows '2014' for the year.

Transaction ID : D472500

Amount of Each Disbursement this Period

61.74

Full Name (Last, First, Middle Initial)

B. ADP, Inc.

Mailing Address 504 Clinton Center Dr Ste. 4400

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Clinton | MS | 39056 |

| Purpose of Disbursement | |
|-------------------------|--|
| Payroll Service Fees | |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
08 22 2014

Transaction ID : D472501

Amount of Each Disbursement this Period

68.74

Full Name (Last, First, Middle Initial)

C. Bankcard Assoc

Mailing Address 2221 W. Broadway

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Fort Worth | TX | 76112 |

| Purpose of Disbursement |
|-----------------------------|
| Credit Card Processing Fees |

Candidate Name

| | | |
|----------------|--------------------------|-----------|
| Office Sought: | <input type="checkbox"/> | House |
| | <input type="checkbox"/> | Senate |
| | <input type="checkbox"/> | President |

State: District:

Date of Disbursement



Transaction ID : D472503

Amount of Each Disbursement this Period

137.38

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

267.86

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

Midwest Values PAC

A. Bremer Bank

Category/
Type

33.33

State: District:

B. Capital Accounting Services

Category/
Type

1500.00

State: District:

C. Hudson Bay of Illinois

Category/
Type

832.49

State: District:

2365.82

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. Merchant Services

Mailing Address 890 Mountain Ave.

City New Providence State NJ Zip Code 07974

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : D472508

Amount of Each Disbursement this Period

27.99

Full Name (Last, First, Middle Initial)

B. Paypal

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2014

Transaction ID : D472510

Amount of Each Disbursement this Period

258.18

Full Name (Last, First, Middle Initial)

C. ADP, Inc.

Mailing Address 504 Clinton Center Dr Ste. 4400

City Clinton State MS Zip Code 39056

Purpose of Disbursement
Payroll - See Memos

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : D465937

Amount of Each Disbursement this Period

1760.20

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2046.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. ADP, Inc.

Mailing Address 504 Clinton Center Dr Ste. 4400

City Clinton State MS Zip Code 39056

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 15 2014

Transaction ID : D465938

Amount of Each Disbursement this Period

560.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Emily M Smith

Mailing Address 415 Oak Grove Street, #521

City Minneapolis State MN Zip Code 55403

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 15 2014

Transaction ID : D465939

Amount of Each Disbursement this Period

1199.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. ADP, Inc.

Mailing Address 504 Clinton Center Dr Ste. 4400

City Clinton State MS Zip Code 39056

Purpose of Disbursement
Payroll - See Memos

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 29 2014

Transaction ID : D467575

Amount of Each Disbursement this Period

1760.20

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1760.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. ADP, Inc.

Mailing Address 504 Clinton Center Dr Ste. 4400

City Clinton State MS Zip Code 39056

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 29 2014

Transaction ID : D467576

Amount of Each Disbursement this Period

560.76

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Emily M Smith

Mailing Address 415 Oak Grove Street, #521

City Minneapolis State MN Zip Code 55403

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 29 2014

Transaction ID : D467577

Amount of Each Disbursement this Period

1199.44

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

6440.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. DEMOCRATIC STATE CENTRAL COMMITTEE OF LA

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 20 | | 2014 |

Mailing Address POST OFFICE BOX 4385

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| BATON ROUGE | LA | 70821 |

Transaction ID : D466334

Purpose of Disbursement
Contribution-Federal-2014

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR RICK WEILAND

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 07 | | 2014 |

Mailing Address PO BOX 1488

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| SIOUX FALLS | SD | 57101 |

Transaction ID : D464886

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

RICHARD PAUL WEILAND

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | | |
|-------------------|------|--|---|
| Disbursement For: | 2014 | <input type="checkbox"/> Primary | <input checked="" type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ | |

State: SD District: 00

Full Name (Last, First, Middle Initial)

C. SCHATZ FOR SENATE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 07 | | 2014 |

Mailing Address PO BOX 3828

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| HONOLULU | HI | 96812 |

Transaction ID : D464885

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

BRIAN SCHATZ

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | | |
|-------------------|------|---|----------------------------------|
| Disbursement For: | 2014 | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) ▼ | |

State: HI District: 00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

| |
|----------|
| 10000.00 |
|----------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 17

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

Midwest Values PAC

Full Name (Last, First, Middle Initial)

A. WAKE COUNTY DEMOCRATIC PARTY FEDERAL CAMPAIGN COMMITTEE

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 20 | | 2014 |

Mailing Address PO BOX 25548

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| RALEIGH | NC | 27611 |

Transaction ID : D466335

Purpose of Disbursement
Contribution-Federal-2014

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| | | |
|-------------------|--|----------------------------------|
| Disbursement For: | <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ | |

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

| |
|---------|
| 5000.00 |
|---------|

TOTAL This Period (last page this line number only).....▶

| |
|----------|
| 15000.00 |
|----------|